Application or Docket Number

#### PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

		IMS A	S FILED -	SMALL	ENTITY		OTHER	OTHER THAN			
	· · · · · · · · ·	1		Column 1)		(Column 2)			OR		ENTITY
FOR			NUMBI	ER FILED	NUMBER	EXTRA	RATE	FEE	]	RATE	FEE
BASIC FEE								380.00	OR		760.00
TOTAL CLAIMS			19	minus	20= *		X\$ 9=		OR	X\$18=	
	DEPENDENT CL		3		3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	760
l	·C				OTHER	THAN					
·.		SMALL	OR.	SMALL ENTITY							
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	14	Minus	** 20	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Z NOE MI	Minus	PENDENT CLAIM	<u></u>	X39=		OR	X78=	
	FIRST FILLOL	INIAIIC.	NY OF IVA	JLIIFLE DEI	ZEINDEINT OFWIN		+130=		OR	+260=	
	4								OR	TOTAL	
		(Coli	umn 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE	
~		CL	AIMS		HIGHEST			ADDI-			ADDI-
AMENDMENT B		AF	AINING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
NDM	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	N OF M	Minus	*** PENDENT CLAIM	=	X39=		OR	X78=	
	FINOI FRESL	MIAIR	IN UT IVIC	JLIIPLE DL1	ZENDENT CLAIM		+130=		OR	+260=	
							TOTAL		OR	TOTAL	-
		(Coli	umn 1)		(Column 2)	(Column 3)	ADDIT. FEE		J /	ADDIT. FEE	
		CL	AIMS		(Column 2) HIGHEST	· ·		ADDL	ſ		ADDI
ENT C		AF	AINING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
¥	Independent	*		Minus	***	=	X39=		ŀ	X78=	
<u>`</u>	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PENDENT CLAIM				OR	7	
* 16	f the entry in colur	eo entre in colu	+130=		OR	+260=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:												
Total Fee Calculation												
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total				
	Sm./Lg.				Sm. Entity	Lg. Entity						
Basic Filing Fee	201/101						_7	60				
Total Claims >20	203/103	19 -20 =		x			=					
Independent Claims >3	202/102			x			=					

### English Translation 139

### Fees due upon filing the application:

**TOTAL FEE CALCULATION** 

Mult. Dep Claim Present 204/104

Surcharge

Total Filing Fees Due = \$ \frac{890}{0}

205/105

Less Filing Fees Submitted - \$

BALANCE DUE = \$\_\_\_\_

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)